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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

PERU

The Executive Director recommends that the Executive Board approve the country programme of Peru for the period 1992-1996 in the amount of $7,450,000 from general resources, subject to the availability of funds, and $40,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. Of Peru's 22 million people, about 38 per cent are children under 15 years of age about 13 per cent are children under 5 years of age. The Peruvian population is predominantly urban, with 69 per cent living in cities. About one third of the population is concentrated in Lima, of whom approximately 50 per cent live on the city's outskirts under conditions of extreme poverty. In 1990, a new political administrative structure was established by law, dividing the country into 13 economically and administratively autonomous regions.

2. Peru is facing one of the worst economic crises of its history. Terrorism and drug trafficking activities, which began during the 1980s, have had a major impact on the country's socio-economic situation and are reaching critical levels. As a result of the political violence, the country has lost $18 billion and 18,500 people, many of them children. The economy has deteriorated to such an extent, particularly during the period 1988-1990, that it has been qualified as a catastrophe. Over 45 structural adjustment programmes have been implemented during the past 13 years, with grave consequences on the living conditions of the poorest sector of the population. During the period 1988-1990, the gross domestic product (GDP) declined by 17 per cent, while the annual population growth rate was 2.6 per cent.

3. It has been estimated that unemployment rose from 5 per cent in 1987 to 8 per cent in 1990, and that 73 per cent of the economically active population is underemployed. The inflation rate leaped from 114 per cent in 1987 to 7,650 per cent in 1990, widening social disparities. The collapse of the economy has greatly affected the income of poor families and has also increased the poverty level of 13 million people. In July 1990, the critical poverty index was 103 per cent higher than in 1987. An estimated 69 per cent of children under 15 years of age - more than 5 million - live in families who rely on an average annual income of $15 per person.

4. Economic policies introduced in recent years have led to decreases in social spending. Expenditures in the health sector dropped from 1.2 per cent of GDP in 1981 to 0.5 per cent in 1989; and in the education sector, from 2.4 per cent in 1987 to 1.9 per cent in 1989. Peru's external debt amounts to $22 billion. The Government has reopened negotiations with international financial institutions to find a solution to the debt problem, restoring back payments and obtaining additional credits.

5. In order to mitigate the effects of the economic adjustment programme implemented in August 1990, the Government formulated an Emergency Social Programme, which was only partially implemented because of a shortage of funds. It was replaced in August 1991 by the National Fund of Compensation and Social Development to finance social investment projects. Despite these various efforts and economic measures, there is little hope for an economic recovery in the short term. The impact of the crisis on children and women is

still unknown, partly because the country lacks an effective system for monitoring social indicators, whereby changes in the living conditions, particularly those of the poor, can be recorded in a timely and systematic manner. Children and women in Peru, who have long been vulnerable and unprotected, are today living in a state of emergency.

6. The infant mortality rate (IMR) in 1990 was estimated at 82 per 1,000 live births, but there are regions of the country - Huancavelica, Apurimac and Cuzco - where the rate exceeds 100 per 1,000 live births. Perinatal problems cause 28 per cent of infant deaths; acute respiratory infections (ARI), 25 per cent; and diarrhoeal diseases, 15 per cent. A law was passed in 1988 to reduce IMR by 15 points in three years and an operative plan was formulated. Owing to the deepening economic crisis, this plan was only partially implemented. The remainder of infant deaths is due to infectious diseases and malnutrition.

7. Child malnutrition is another effect of the economic crisis and poverty. The latest national survey on health and nutrition shows that 26 per cent of children under six years of age are in a situation of nutritional risk. In 1990, there were an estimated 860,000 children under six years of age suffering from malnutrition, 440,000 of them from severe malnutrition. Micronutrient deficiencies, particularly iron and iodine, affect a high number of pregnant and nursing women and children.

8. Approximately 36 per cent of schoolchildren in the highland areas and Amazon basin suffer from iodine deficiency disorders (IDD). In one department, the prevalence of goitre reaches 65 per cent. The rate of low-birth-weight infants is estimated at 9 per cent, which is another indication of the magnitude of nutritional deficiency. Breast-feeding is a general practice and the rate is high, about 93 per cent nationwide, although its duration varies. Inadequate early weaning practices also increase the risk of child malnutrition.

9. Government pre-school intervention combines formal and non-formal systems, reaching 26 per cent of the children under six years of age. The quality of the education provided in this two-tiered system is uneven. The formal system provides a better education than the non-formal because there is a lower teacher-student ratio.

10. Primary education is also facing serious difficulties. The major problems are low quality, high rates of repetition and drop-out, and management inefficiency. Of every 100 children who enter first grade, only 31 complete primary education at the proper age; 45 complete it after having repeated classes; and 24 abandon school altogether. Approximately 11 per cent of the adult population can neither read nor write, which in absolute terms is equivalent to 1.5 million people, 75 per cent of whom are women.

11. The difficult circumstances in which an increasing number of children live are the direct result of poverty, violence, migration and deficiencies in the educational system. Many children are forced to start working at a very

early age in order to help their families. An estimated 140,000 children between the ages of 6 and 14 years work under risky conditions, suffering some form of exploitation. The number is increasing as a result of the economic crisis. According to the National Child Welfare Institute, in 1989, 10,200 children were institutionalized, mainly owing to family problems. Approximately 3 million children under 12 years of age live in "risk" situations. Of these, 200,000 are at Lima, including more than 6,000 who are totally abandoned and forced to live in the street. There is also an unidentified number of children who are victims of terrorism.

12. In 1987 the maternal mortality rate was estimated at 300 per 100,000 live births. This rate is higher in the Andean region and the Amazon basin. Abortion, haemorrhage, infections and toxemia are the main causes of maternal mortality. The health infrastructure and delivery system at the primary level are far from capable of responding to the needs of the population. About 50 per cent of births take place outside health institutions. The lack of essential drugs is a serious obstacle to the proper functioning of the health services. Acquired immunodeficiency syndrome (AIDS), which appeared in 1983, is another health risk for women and children. Although the number of reported cases is low, it is estimated that 38,600 persons would test positive for the human immunodeficiency virus.

13. Approximately 41 per cent of the population in the country has a sewage system, but in rural areas this rate decreases to 6 per cent. An estimated 55 per cent have access to safe drinking water, but disparities exist. More than 70 per cent of urban dwellers have access to clean water, compared with only 22 per cent of the rural population. In addition, 56 per cent of all Peruvians live in communities without adequate garbage disposal systems, which contributes to an acceleration of environmental degradation.

14. The situation of the population, particularly women and children, has been aggravated further by the outbreak of cholera that began in January 1991. By 31 August, 257,000 cases had been reported, including 2,500 deaths. The cholera epidemic is living testimony to the neglect and deficiencies of the water supply system and sanitation services, particularly in rural and marginal urban areas. Moreover, apart from the loss of human life, this epidemic has had considerable economic costs for the country, amounting to $1 billion, according to official sources.

PROGRAMME COOPERATION, 1987-1991

15. The 1987-1991 programme of cooperation included an innovative strategy that focused on the mobilization of poor women of reproductive age, allowing them to participate in collective actions aimed at child well-being and complementing the efforts of the public sector and non-governmental organizations (NGOs). The main goal of the country programme was to reach 2 million women and their children through a variety of women's organizations in order to enhance child survival and development (CSD). The strategy of the programme comprised mass coverage and strengthening of government institutions.

16. Given the magnitude of the problems facing the poor population, it was necessary to forge an alliance for CSD. The objective was to reach a consensus around the child involving all levels of society: the community, organized women's groups, communications media, religious organizations, NGOs and labour unions. Cooperation with the Catholic Church increased significantly.

17. As of June 1991, the programme had reached 1.2 million poor women grouped in 8,000 grass-roots organizations and approximately 700,000 children under five years of age in all departments of the country. This was made possible through the work of 150 intermediary organizations and a network of 8,300 fieldworkers at 2,800 child survival centres, 1,900 growth monitoring centres and 6,700 community oral rehydration units, a number of which were created between February and April 1991 to face the cholera epidemic. A list of evaluations conducted during 1987-1991 is provided in the annex to the present document.

18. Although the 80 per cent immunization target was not reached, record coverage of 72 per cent was obtained in 1990, despite serious budget cuts, tension created by the pre-electoral political situation and a five-month strike in the health sector. It proved the potential of a strategy based on social mobilization and complementarity. An inter-agency committee composed of the Pan American Health Organization (PAHO)/World Health Organization (WHO), the United States Agency for International Development (USAID), UNICEF and Rotary International provided valuable support.

19. Until 1987, dehydration caused by diarrhoea was the second cause of infant mortality. However, the creation of an extensive network of community oral rehydration units for the control, treatment and prevention of diarrhoea, as well as mobilization campaigns, contributed to the decline in diarrhoea-caused infant mortality in 1989. To control the cholera epidemic, the Ministry of Health incorporated the women's grass-roots organizations into its strategy, achieving a rapid and timely distribution of 1.6 million packets of oral rehydration salts (ORS) in one month. The impact of the epidemic was diminished, particularly in coastal areas, owing to the rapid reaction of the Ministry of Health and the effective role of the community oral rehydration units. UNICEF supported the Government's water chlorination programmes and the promotion of the use of emergency latrines, as well as provided ORS and supported the production of health education materials.

20. Growth monitoring activities were undertaken through 1,900 weighing posts established in poor urban and rural areas, enabling women's groups to learn more about their children's nutritional status.

21. A health module was set up for women's health and development, giving priority to reproductive health care and uterine and breast cancer detection, and taking institutional and private services closer to grass-roots women's organizations. Another module provided information on women's rights as domestic servants and workers. Technical and financial support was provided to promote income-generating activities. Credit lines were established and

channelled through urban and rural, technical and financial organizations that provide loans to small enterprises or directly to women's groups, and a revolving fund was established for financing basic services. It is estimated that there are over 7,000 popular kitchens throughout the country which benefit 2 million people; 13,000 "Glass of Milk" Committees, covering 1.2 million people at Lima alone; and 14,258 mothers' clubs, carrying out income-generating activities.

22. With regard to children in especially difficult circumstances, advocacy and awareness action on the principles of the Convention on the Rights of the Child was undertaken. An analysis of these children's situations was initiated with the National Institute of Family Welfare as the basis for providing them with programme support services. Working jointly with NGOs and other agencies, support was provided for the expansion and improvement of the quality of interventions benefiting these children, and for creating an awareness of their problems and needs.

23. Two important elements of the country programme have been substantive advocacy and social mobilization, in which the main objective has been to bring nationwide attention to children's problems and needs. Some of the main activities and other related developments include: (a) approval, despite the critical economic situation, of the National Programme of Action; (b) ratification of the Convention on the Rights of the Child by the new parliament; (c) creation of multi-party children's committees in parliament, trade unions and municipalities; (d) an appeal to all prominent members of society, made by the Archbishop of Peru in Lima Cathedral, to commit themselves to the cause of children; (e) a change of attitude among political leaders and other prominent members of society as they become more concerned about child-related issues; (f) mobilization of grass-roots organizations to scale up several child-related interventions leading to mass application; and (g) the learning of new skills related to CSD by grass-roots women's organizations.

24. The Programa Andina (PROANDES) (Programme for the Andean Region) is being implemented in the rural areas of Cajamarca, Cuzco and Apurimac as a complement to the 1987-1991 country programme of cooperation. Through PROANDES, UNICEF has supported the following: the provision of non-formal, pre-school education for 6,000 children; efforts to improve the availability of food for 24,000 people, as well as community nutrition surveillance; and the development of single water systems and the installation of pit latrines to benefit 16,500 people.

25. With funding from the Special Adjustment Facility for Latin America and the Caribbean (SAFLAC), specific studies on the evolution of the socio-economic situation and an analysis of priority actions for poverty alleviation and their costs were undertaken. UNICEF also supported seminars on social policies and the social costs of adjustment which contributed to the formulation of the National Programme of Action.

Lessons learned

26. During the programme period, UNICEF learned that the child is a powerful cause around which diverse groups and institutions of different ideologies can create alliances. The agreement signed between the Government, the Catholic Church and UNICEF to support the immunization programme is a good example in this regard. Other groups such as labour unions, the business sector and mass media have also formed alliances with the Government.

27. The experience gained from the current programme cycle showed that studies and evaluations made an important contribution to the social mobilization process. The evaluations have shown the effectiveness of the programme strategy and its capacity to respond to the ever-increasing health emergency. Another important lesson was that the monitoring and evaluation system needs to be strengthened so that cost-efficiency and programme impact can be measured. It was observed that, as a result of the cholera epidemic, there was a faster rate of adoption and use of oral rehydration therapy (ORT), including by doctors who were initially reluctant to accept and recommend this simple technology.

28. During the programme period, the fact that government and community actions can complement each other in order to achieve important results was reinforced. Despite political changes, the economic crisis and continuous, long-lasting strikes in the health and education sectors, the organizational structure created especially for the programme with a coordination committee and a decentralized operation has greatly facilitated programme implementation while maintaining the necessary flexibility within the framework of the country programme of cooperation.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $ 7,450,000
Supplementary funding: $40,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	2 916	12 000	14 916
Nutrition	750	7 000	7 750
Water supply and sanitation	610	10 000	10 610
Education	610	6 500	7 110
Children in especially difficult circumstances	340	3 000	3 340
Planning, monitoring and evaluation	589	1 500	2 089
Programme support	1 635	-	1 635
Total	7 450	40 000	47 450

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

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The programming process

29. In preparing the 1992-1996 country programme, consideration was given to the assessment of the previous programme cycle and to the comments received from United Nations organizations and multilateral and bilateral donor agencies concerned with the situation of the country's population. Important recommendations were also made at an international seminar on poverty, adjustment and child survival held at Lima in December 1990 with donor participation. The strategy and priority areas of UNICEF cooperation were defined on the basis of the priorities expressed in the National Programme of Action, as well as the experiences gained during the previous period.

30. The proposed country programme will support government efforts to reduce the under-five mortality rate, increase the level of immunization, reduce malnutrition and the incidence of low birth weight and maternal mortality, improve the access of children to basic education and provide support services to children in especially difficult circumstances.

31. The objectives of the country programme are concomitant with the National Programme of Action drawn up by the Government of Peru to enhance implementation of the goals of the Declaration of the World Summit for Children. The National Programme of Action was prepared with the participation of the Church, NGOs, labour unions and regional and local governments. It seeks to promote health knowledge, social values and the availability of resources to satisfy the basic needs and development of the younger generation.

32. The programme will help to strengthen national capacity to monitor achievement of national goals, reinforce institutional capacity in the design, execution and evaluation of social policies, plans and programmes, and advocate the allocation and reorientation of resources to support implementation of social policies and programmes within the context of the programme.

33. The country programme strategy is based on large-scale interventions that emphasize the application of simple, low-cost and efficient technologies. The scope of the new programme is national. However, depending on the type of intervention, some projects will be implemented either at the national level or in specified areas of the country. The programme will support the empowerment of the poorest communities, strengthening local organizations as well as reinforcing the capacity for government institutions to provide basic services. To maximize the use of resources, the programme will be supported by social mobilization and the coordinated actions of public and private institutions.

34. The proposed programme is targeted to the poorest population strata, comprising 60 per cent of the total population, and its actions are concentrated in rural areas and marginal urban areas. Priority will be given to the regions with a higher concentration of the population in critical poverty, especially children and women of child-bearing age.

35. The country programme will strengthen and expand the activities of the previous programme, consolidate the achievements and also reinforce community participation and the coordination mechanism to permit further progress. Flexibility, a fundamental element in programme implementation, will be maintained. Cost-effectiveness and sustainability are also part of the programme interventions through the development of innovative and replicable models, influencing social and economic policies and creating solidarity among NGOs, the donor community, the private sector and the population at large for the achievement of the goals.

Health

36. This project will support the reduction of morbidity and mortality in children under five years of age due to immuno-preventable diseases, and increase immunization coverage in children under one year of age to 85 per cent, reducing measles and reducing morbidity and mortality. Key elements of the strategy include the strengthening of community participation, the reinforcement of institutional capacities and social mobilization. National and local vaccination days will be organized annually. Special strategies will be implemented in order to reach geographical areas in states of emergency based on the experience and strategy developed in the previous programme. To enhance sustainability, the programme will continue to support strengthened management of the expanded programme on immunization (EPI) at the institutional level in order to guarantee that health services respond adequately to the demands of the communities.

37. The project will strengthen the national diarrhoeal disease programme in those areas with the highest prevalence of diarrhoea and cholera (central and northern coasts, northern highlands and jungle), and improve knowledge about dehydration to ensure the proper use of ORS and increase ORT use at home and in the community. The project will strengthen the ORS distribution network through the community oral rehydration units. UNICEF will support the training of fieldworkers and health staff in peripheral centres, as well as the strengthening and increasing of the number of oral rehydration units from 6,700 to 12,000. Social mobilization activities will be developed to raise awareness and improve knowledge of family practices aimed at diarrhoea control.

38. The main activities to reduce ARI include strengthening the capacity of health services and providing the means for proper treatment and referral of cases by community health workers, particularly in the central and southern highlands. Training activities for adequate case management will be carried out for groups of women and health personnel, and training materials will be developed. Project activities also include sensitization and dissemination of information to families and communities for recognition of high-risk signs, home care and timely referral of severe cases.

39. It is widely recognized that perinatal and women's health is a very complex area deserving priority attention. UNICEF will advocate and support the formulation and implementation of a comprehensive, intersectoral national

maternal and child health (MCH) programme as one step towards the goals of reducing maternal mortality and perinatal mortality. Priority will be given to developing activities in marginal urban areas of big cities and in the highland and Amazon areas where there is a minimum coverage of health services. Training will be organized for health personnel and traditional midwives on preventive aspects. The "10 steps for a successful natural breast-feeding" and its adoption in all maternity wards throughout the country will be encouraged. The "Mother Kangaroo" technique for low-birth-weight babies will be promoted and expanded. Special attention will be given to the preparation of educational materials for women's health and the prevention of AIDS and other sexually transmitted diseases.

40. Within the context of the Bamako Initiative, a pilot study is under way in support of a national policy on the use of essential drugs. This project proposes to expand the initial experience by establishing community drugstores in four health regions. The aim is to strengthen health services and to develop a process of co-partnership in decision-making and resource management between the State and community. A revolving fund will be established.

Nutrition

41. The main objective of this project is to help improve the nutritional condition of poor families, particularly children and women. Priority will be given to the introduction of low-cost technologies for controlling protein-energy malnutrition and micronutrient deficiencies. Policy formulation, institutional coordination and the development of common criteria concerning nutrition will be promoted. To improve food production and the nutritional aspect, women's organizations and community leaders will be trained in production techniques and basic nutrition education. Technical assistance will be provided to improve the management and efficiency of popular kitchens. Greater attention will be given to the control and prevention of micronutrient deficiencies in conjunction with the MCH project - iron in pregnant women, vitamin A in children and IDD in all goitre-endemic areas. Community education to raise public awareness of the serious consequences of IDD, especially among pregnant women and children, and to encourage the use of iodized salt will be an important element of the project. Institutional, community-based nutrition surveillance will be developed and growth monitoring will be strengthened.

Water supply and sanitation

42. This project seeks to improve the population's access to safe drinking water; improve sanitary latrine facilities and the collection and disposal of garbage while also protecting the environment; and increase awareness of environmental sanitation and personal hygiene. Achieving these objectives will have a major impact on the reduction of morbidity caused by infectious diseases, particularly acute diarrhoeal diseases and cholera. The strategic elements include the active participation of the beneficiaries, which will lead to structural changes in environmental health and behaviour, and the identification of appropriate techno' ies and the diffusion of low-cost

models to provide water supply and latrine facilities and to improve the environment.

43. Project activities include health education, improvement of water quality and increased access to safe drinking water and sanitary facilities in underserved communities. Local committees will be organized to help plan, install, maintain and operate the services. Social communication activities will help to create awareness of the problem and demand for services and resources for the provision of safe drinking water and sanitation facilities. The programme will complement the emergency actions carried out during the cholera epidemic in the area of water supply, sanitation and hygiene.

Basic education

44. This project includes early child care and development, basic education and adult literacy. Pre-school education will be provided to 650,000 children under six years of age, with an emphasis on the girl child. The project will also promote the integral care of the child, including physical, psychological and mental development, applying proven approaches, methodologies and experiences, with a strong community involvement. The basic education project will focus on the transition from early childhood activities to primary education, supporting the development and adaptation of the curricula of the first two years, improvement of teaching skills and production of relevant materials. Activities aimed at reducing illiteracy will seek to improve the level of education of women living in poverty using Facts for Life messages related to health, nutrition and child development, as well as support income-generating activities and environmental sanitation.

Children in especially difficult circumstances

45. This project will contribute to the formulation of policies and actions to benefit children living in difficult circumstances and to guarantee their access to basic education, health services and better nutrition. Its strategy will be developed in accordance with the principles established in the Convention on the Rights of the Child.

46. Proper mechanisms will be developed to protect child victims of armed conflict and to facilitate their access to health services and education. Advocacy aimed at influencing attitudes and behaviour and developing sensitivity in the community and society to the problems and needs of these children will also be supported. Special activities for the protection of children in especially difficult circumstances will be encouraged in such community services as the popular kitchens.

Planning, monitoring and evaluation

47. UNICEF will support the establishment of a system at the National Institute of Statistics to monitor progress made in achieving the goals at national and regional levels. Support will be provided for formulating regional programmes of action, strengthening government capacity to formulate

and implement social policies and programmes, and promoting initiatives aimed at mobilizing resources to support implementation of the National Programme of Action. Advocacy efforts will be pursued to seek budgetary resources for social projects to ensure adequate implementation of the National Programme of Action.

48. Experience gained from the previous programme of cooperation has shown that advocacy and social mobilization are fundamental strategies for creating public awareness of the problems and needs of children and for stimulating participation in programmes that benefit them. Experience has also shown that social mobilization is a key element for reaching a consensus on children and making survival, protection and development a priority goal. Advocacy and social mobilization will continue as central components of the 1992-1996 programme, enabling it to maintain the momentum already achieved and facilitate further progress.

49. Efforts will be made to build alliances and obtain the commitment and further support of the private sector, the Church, labour unions, NGOs, communications media and grass-roots organizations by disseminating information on the goals of the National Programme of Action and related programmes and by organizing a series of educational and promotional activities. An effort will be made to make political leaders more conscious of the effects of the crisis and of structural adjustment programmes on the living conditions of the poor.

50. Monitoring activities will include the definition of baseline and community-based monitoring systems, establishment of sentinel sites, field visits and progress reports using qualitative and quantitative methods. A mid-term review will be conducted in 1993 with national counterparts, grass-roots organizations and other partners involved to review programme progress and management. The results of each evaluation will be used to make adjustments to the programme, if necessary, which will also be disseminated to beneficiaries and government institutions at central and local levels.

Cooperation with other agencies

51. UNICEF will continue to work closely with other agencies of the United Nations system and with bilateral and multilateral donor organizations with a view to maximizing the use of resources. Coordination will be established with PAHO/WHO, USAID and the United Nations Population Fund (UNFPA) in the implementation of immunization, the control of diarrhoeal diseases (CDD), ARI and MCH activities. UNICEF will join in efforts by the United Nations Development Programme (UNDP), PAHO/WHO, the Food and Agriculture Organization of the United Nations (FAO) and the World Food Programme (WFP) to develop and support nutrition programmes, and with PAHO/WHO, USAID, WFP and the Centro Panamericano de Ingenier a Sanitaria (CEPIS) for water supply and sanitation. UNICEF will also work closely with UNDP, the World Bank and the United Nations Educational, Scientific and Cultural Organization (UNESCO) to achieve the goal of education for all. Close collaboration will be maintained in several lines of action such as health, education and children in especially difficult

circumstances with Rotary International on EPI; with Junior Chamber of Commerce International on CDD; Radda Barnen (Sweden); the Bernard Van Leer Foundation; Save the Children (United Kingdom and Canada); and the German Agency for Technical Cooperation.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Peru (1990 and earlier years) UNICEF country classification

Under-five mortality rate	116	(1990)	High U5MR
Infant mortality rate	82	(1990)	High IMR
GNP per capita	$ 1160	(1990)	Lower-middle GNP
Total population	21.6 Millions	(1990)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	556	623	629	647
Infant deaths (under 1)	(thousands)	66	63	59	53
Under-five deaths	(thousands)	92	90	83	75
Under-five mortality rate (per 1,000 live births)		166	144	132	116
Infant mortality rate (under 1) (per 1,000 live births)		118	102	94	82

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1984)	Moderate & severe	..	13a
	Severe	..	2a
Babies with low birth weight (%, 1979/1985)		9	9*
% of primary school children reaching final grade (1980/1988)		..	70

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1977-78/1986)		81/ 71/ 54	85/ 76/ 58
Prevalence of wasting (%, 1980/1985)		..	3
Prevalence of stunting (%, 1980/1985)		..	43
Daily per capita calorie supply (% of requirements, 1979-1981/1988)		92	97
Food production per capita index (Index 1979-1981=100, 1980/1990)		93	90
Household expenditure (% of total income, 1980-1985)	All food/cereals		35/ 8

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1989)			25
Access to health services	Total	75	..
(% of population, 1980)	Urban/rural	.. /..	../..
Access to safe water	Total	49*	61
(% of population, 1980/1988)	Urban/rural	67*/ 15*	78/10
Access to adequate sanitation	Total	..	50
(% of population, 1980/1985)	Urban/rural	.. /..	67/12
Births attended by trained personnel (%, 1986)		..	78*
Maternal mortality rate (per 100,000 live births, 1983)		..	300

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	63	70	83
	DPT	18	48	72
	Polio	18	47	73
	Measles	24	53	64
Pregnant women (%) immunized against	Tetanus	4	8	9

TABLE 1 (continued)

Peru

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	114/ 86	../ ..
(%, 1980/1988)	Male	117/ ..	../ ..
	Female	111/ ..	../ ..
Secondary enrolment ratio (gross/net)	Total	59/ ..	../ ..
(%, 1980/1988)	Male	63/ ..	../ ..
	Female	54/ ..	../ ..
Adult literacy rate, 15 years & older	Total	71	85
(%, 1970/1990)	Male/female	81/ 60	92/ 79
Radio/television sets			
(per 1,000 population, 1980/1988)		159/ 52	241/ 85

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Million)	13.2	17.3	19.4	21.6	26.3
Population aged 0-15 years	(Thousands)	..	7624.6	8176.1	8599.3	9371.5
Population aged 0-4 years	(Thousands)	..	2696.1	2767.4	2851.1	3100.8
Urban population (% of total)		57	64	67	70	75
Life expectancy at birth	Total	54	58	60	63	68
(years)	Male	52	56	58	61	66
	Female	55	60	62	65	70
Total fertility rate		6.3	5.0	4.3	3.8	3.0
Crude birth rate (per 1,000 population)		42	36	33	30	26
Crude death rate (per 1,000 population)		14	11	10	8	7

		About 1980	Most recent
Contraceptive prevalence rate		33	46
(%, 1978/1986)			
Population annual growth rate	Total	2.8	2.2
(%, 1965-1980/1980-1990)	Urban	4.1	3.1

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		0.8	-2.0
(%, 1965-1980/1980-1990)			
Inflation rate (%, 1965-1980/1980-1989)		21	160
Population in absolute poverty	Urban/rural	49/..	46*/83*
(%, 1978/1986)			
Household income share	Top 20%/bottom 40%	61/ 7	52*/24*
(%, 1972/1985-1986)			
Government expenditure	Health/education	5/ 11	6 /16
(% of total expenditure, 1980/1987)	Defence	13	20
Household expenditure	Health/education		4 / 6
(% of total income, 1980-1985)			
Official development assistance:	US$ millions	203	300
(1980/1989)	As % of GNP	1	1
Debt service			
(% of goods & services exports, 1980/1989)		31	4

a/ Aged 0-71 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1987-1991

(In thousands of United States dollars)

COUNTRY: PERU
LATEST BOARD APPROVAL: 1987
GENERAL RESOURCES: $5,950,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	1027	1324	435	325	8	19	2634	1213	4104	2881	6985
Water supply and sanitation	56	206	5	29	2	136		376	63	747	810
Nutrition	25	473	9	70	2	70		652	36	1265	1301
Education	26	87	30	258		44	19	751	75	1140	1215
Community organization and development	11	96	4	102			170	843	185	1041	1226
Women-centred programme	127	137	165	150	165	88	2167	1995	2624	2370	4994
Children in especially difficult circumstances		2				22		254		278	278
Advocacy			4	74	98		330	54	432	128	560
Emergency	296	594		55			223	325	519	974	1493
Planning and project support	78	75	33		563	360	1082	785	1756	1220	2976
Freight	182	100							182	100	282
GRAND TOTAL	1828	3094	685	1063	838	739	6625	7248	9976 a/	12144	22120

GR = General resources.
FSF = Funded supplementary funding.
a/ Including allocation from global funds.

TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: PERU Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health	GR	671	650	640	640	315	2916
	FSF	120					120
	NSF	1500	3000	3000	3000	1500	12000
Water supply and sanitation	GR	100	170	125	125	90	610
	FSF	570					570
	NSF	1500	2500	2500	2500	1000	10000
Nutrition	GR	100	150	200	200	100	750
	FSF	133					133
	NSF	900	1800	1800	1600	900	7000
Education	GR	70	140	160	160	80	610
	FSF	2					2
	NSF	800	1700	1600	1600	800	6500
Children in especially difficult circumstances	GR	50	80	80	80	50	340
	FSF	86					86
	NSF	300	750	750	750	450	3000
Planning and social statistics	GR	129	130	130	130	70	589
	NSF	250	350	350	350	200	1500
Programme support	GR	530	330	315	315	145	1635
Integrated area-based programme	FSF	115					115
	USF(R)	3723	900				4623
Emergency water and sanitation	FSF	86					86
Emergency cholera control	FSF	31					31
	USF(R)	1377					1377
TOTAL	GR a/	1650	1650	1650	1650	850	7450
	FSF	1143					1143
	USF(R)	5100	900				6000
	NSF	5250	10100	10000	9800	4850	40000
GRAND TOTAL		7893	2550	1650	1650	850	14593

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
USF(R) = Unfunded supplementary funding subregional.
a/ In addition, $405,000 was allocated for 1992 and 1993 from Special Adjustment Facility for Latin America and the Caribbean.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: PERU	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET:		
International Professional established posts	3	681
Local national Professional and General Service established posts	16	879
Operating costs		1344
Total	19	2904
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	1	203
Supplementary funds	1	203
Local national Professional and General Service project posts		
General resources	16	778
Supplementary funds	11	683
Total	29	1867

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.

Annex

LIST OF STUDIES AND EVALUATIONS

Studies

1. Organizational profile of female grass-roots organizations in marginal urban neighbourhoods.

2. Child-rearing habits in rural areas of the South Andean area of the country.

3. Income-generating activities of women in 18 urban and rural micro-regions.

4. Technical analysis of the initial education system (pre-school) in Peru.

5. Analysis of the health situation in the areas covered by the proyecto de revitalizaci n de servicios perif ricos de salud con participaci n annual (PRORESEP) (project for revitalizing peripheral health services with community participation).

Evaluations

1. Evaluation of PROANDES (Apurimac, Cajamarca, Cuzco).

2. Evaluation of programa para el apoyo integrado a las comunidades rurales y urbanas marginales (PAICRUM) (Programme for integrated support to rural and marginal urban communities) in 10 departments. Income-generating projects with support from the agriculture/food development fund (FDA).

3. Evaluations of the campaign to strengthen the national programme against diarrhoeal diseases.

4. Evaluation of the impact of the immunization strategy in Puno during 1990, and estimation of contribution of the women's mobilization and child survival programme.

5. Evaluation of the immunization programme of the Department of Puno, supported by UNICEF in 1990.

6. Evaluation of the triennial health plan.